

## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number

| CLAIMS AS FILED - PART I                                      |  |   |  |                                   |  |                               | SMALL EN            | ITITY                  | 0.0     | OTHER THAN          |                        |  |
|---|--|---|--|-----------------------------------|--|-------------------------------|---------------------|------------------------|---------|---------------------|------------------------|--|
| _   |  |   | (Columi                                    | n 1)                              | (                                      | Column 2)                     | IIFE                |                        | UK<br>= | SWALL               | ENTITY                 |  |
| U.S. NATIONAL STAGE FEES                                      |  |   |  |                                   |  |                               | RATE                | FEE                    |         | RATE                | FEE                    |  |
| BAS   | SIC FEE  |   | SMALL ENT.                                 | = \$ 150                          | LARGE ENT. = \$ 300                    |                               | BASIC FEE           |                        | OR      | BASIC FEE           | 300                    |  |
| EXAMINATION FEE   |  |   | Satisfies PCT A<br>(4) = \$50              |                                   | All other situations = \$ 100 / \$ 200 |                               | EXAM. FEE           |                        |         | EXAM. FEE           | 200                    |  |
| SEARCH FEE  |  |   | U.S. is ISA = \$ ALL other cou \$ 200 / \$ | intries =                         |  | her situations = 250 / \$ 500 | SEARCH FEE          |                        |         | SEARCH FEE          | 400                    |  |
| FEE FOR EXTRA SPEC. PGS.                                      |  |   | . minu                                     | us 100 =                          | / 50 =                                 |                               | X \$ 125 =          |                        |         | X \$ 250 =          |                        |  |
| тот   | AL CHARGEA                                     | BLE CLAIMS  | 15 mir                                     | nus 20 =                          | *                                      |                               | X \$ 25 =           |                        | OR      | X \$ 50 =           |                        |  |
| IND   | EPENDENT CL                                    | AIMS  | 3 . m                                      | inus 3 =                          | *                                      |                               | X \$ 100 =          |                        | OR      | X \$ 200 =          |                        |  |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PR   | ESENT                                      |                                   |  |                               | + \$ 180 =          |                        | OR      | + \$ 360 =          | 360                    |  |
| * If  | the difference                                 | e in column 1 is  | less than zero                             | , enter "(                        | )" in co                               | lumn 2                        | TOTAL               |                        | OR      | TOTAL               | 980                    |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) |  |   |  |                                   |  |                               | SMALL               | ENTITY                 | OR      | OTHER<br>SMALL E    |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                           |  | HIGH<br>NUM<br>PREVIO<br>PAID     | BER<br>DUSLY                           | PRESENT<br>EXTRA              | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                                      | **                                |  | =                             | X \$ 25 =           |                        | OR      | X \$ 50 =           |                        |  |
|   | Independent                                    | ÷   | Minus                                      | ***                               |  | =                             | X \$ 100 =          |                        | OR      | X \$ 200 =          |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                   |  |                               | + \$ 180 =          |                        | OR      | + \$ 360 =          |                        |  |
|   |  | F. 3- 4.  |  |                                   | -                                      |                               | TOTAL ADDIT         | •                      | OR      | TOTAL ADDIT.<br>FEE |                        |  |
|   |  | (Column 1)  |  | (Colun                            | nn 2)                                  | (Column 3)                    | ,-                  |                        |         |                     |                        |  |
| AMENDMENT B   |  | CLAIMS REMAINING AFTER AMENDMENT                                    |  | HIGHI<br>NUME<br>PREVIO<br>PAID I | EST<br>BER<br>OUSLY                    | PRESENT<br>EXTRA              | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                                      | ##                                |  | =                             | X \$ 25 =           |                        | OR      | X \$ 50 =           |                        |  |
|   | Independent                                    | ±   | Minus                                      | ***                               |  | =                             | X \$ 100 =          |                        | OR      | X \$ 200 =          |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                   |  |                               | + \$ 180 =          |                        | QR      | + \$ 360 =          |                        |  |
|   |  |   |  | -                                 |  |                               | TOTAL ADDIT.<br>FEE |                        | OR      | TOTAL ADDIT.<br>FEE |                        |  |
| **  | If the "Highest Nu                             | mn 1 is less than the<br>mber Previously Pai<br>mber Previously Pai | For IN THIS SP                             | ACE is less                       | than '20                               | ', enter "20".                |                     |                        |         | _                   |                        |  |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.